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CONFIRMATION NO. 4775

<b>SERIAL NUMBER</b> 10/618,287	<b>FILING OR 371(c) DATE</b> 07/11/2003 <b>RULE</b>	<b>CLASS</b> 040	<b>GROUP ART UNIT</b> 3611	<b>ATTORNEY DOCKET NO.</b>
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**APPLICANTS**  
 Cherng Chang, Miamisburg, OH;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/804,168 03/12/2001 ABN which is a CIP of 09/360,386 07/23/1999 PAT 6,293,038  
 which is a CIP of 08/962,095 10/31/1997 ABN  
 which is a CIP of 08/929,193 09/08/1997 ABN  
 which is a CON of 08/270,008 07/01/1994 ABN  
 This application 10/618,287  
 claims benefit of 60/397,259 07/19/2002  
 and claims benefit of 60/398,857 07/26/2002  
 and claims benefit of 60/412,904 09/23/2002  
 and claims benefit of 60/444,463 02/03/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 05/06/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 29	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Chang</i> Initials <i>GH</i>				

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**TITLE**  
 Three dimensional framed display and frame calendar

<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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